## PART B - FEE(S) TRANSMITTAL

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27849

07/29/2004

LEE & STERBA, P.C. 1101 WILSON BOULEVARD **SUITE 2000 ARLINGTON, VA 22209** 

10/29/2004 NNGUYEN2 00000132 10086375

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(Depositor's name (Signature (Date)

APPLICATION NO	D. FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,375	03/04/2002	Sung-Un Kwean	253/011	2702

TITLE OF INVENTION: METHOD OF MANUFACTURING A CAPACITOR OF A SEMICONDUCTOR DEVICE

	APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1330	)	\$300	\$1630	10/29/2004
	EXAM	IINER	ART UN	IT	CLASS-SUBCLASS		
	TRAN,	BINH X	1765		438-694000		
7:	CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indication	1.363).  I Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.  I "Fee Address" indication (or "Fee Address" Indication form TO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer  2.			nting on the patent front page, li- mes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the name and patent attorneys or agents. If name will be printed.	nt attorneys 1 <u>LEE 8</u> n member a 2 les of up to	STERBA, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Samsung Electronics Co., Ltd.

Kyungki-do, Republic of Korea

Please check the appropriate assignee category or categories (will not take the following fee(s) are enclosed:	e printed on the patent);  individual  corporation or other private group entity  governme  4b. Payment of Fee(s):					
Maissue Fee	☐ A check in the amount of the fee(s) is enclosed.					
☑ Publication Fee (No small entity discount permitted)	<ul> <li>∑ Payment by credit card. Form PTO-2038 is attached.</li> <li>∑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 5-01645 (enclose an extra copy of this form).</li> </ul>					
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Neg. No. 32,039 (Authorized Signature)

Eugene M. Lee, October 28, 2004

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